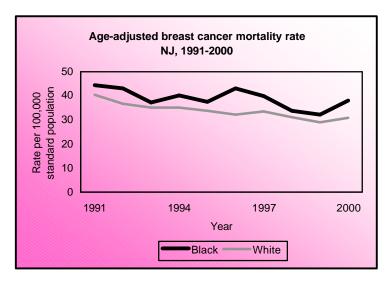


MONTHLY HEALTH DATA FACT SHEET October 2003

October is National Breast Cancer Awareness Month October 17 is National Mammography Day

- Each year in New Jersey, more than 6,000 women are diagnosed with invasive breast cancer and over 1,500 die from this disease. Cancers at the local, regional, or distant stage are considered invasive. The earliest stage cancers are called *in situ* and are non-invasive.
- The invasive breast cancer incidence rate among all New Jersey women has been fairly stable during the 1990s. A slight decline occurred among women aged 65 and over.
- Incidence rates have been fairly stable for both white and black women. In 2000, the age-adjusted invasive breast cancer incidence rate was 141.3 for whites and 122.1 for blacks per 100,000 population.



- However, the age-adjusted breast cancer mortality rate decreased over 20% during the 1990s.
- The mortality decline has been greater for white women than for black women (24% vs. 15% from 1991-2000). In 2000, the age-adjusted female breast cancer mortality rate was 30.9 for whites and 38.0 for blacks per 100,000 population.
- The proportion of women aged 40 and over who had a mammogram in the past two years has increased 25% from 1991 to 2002. The largest increase was among women 65 and older. In 2002, 78% of New Jersey women aged 40 and over had a mammogram in the past two years: 87% of black women, 81% of Hispanic women, and 76% of white women.
- Risk factors for breast cancer include age; family history of breast cancer; personal history of breast, ovarian, or
 endometrial cancer; some forms of benign breast disease; menstruation at an early age; late menopause; never bearing
 children; first child born after age 30; high doses of radiation; long term use of post-menopause estrogen replacement
 therapy; obesity after menopause; and high alcohol consumption. Possible risk factors are dietary fat and physical
 inactivity.
- Tamoxifen use among women with elevated breast cancer risk, genetic testing to identify the breast cancer genes BRCA1 and BRCA2, and prophylactic mastectomy along with regular vigorous exercise, maintaining a healthy weight, bearing children, and breastfeeding have been associated with decreased breast cancer risk.
- Types of screening for breast cancer include breast self exam (BSE), clinical breast exam, mammogram, ultrasound, and MRI. BSE should be performed monthly, clinical exams should be done every one to three years, and mammograms should be done annually for women aged 40 and over. Studies so far have not shown that BSE alone reduces the number of deaths from breast cancer, but it is completely noninvasive and can be done at home.

 Treatment for breast cancer may include surgery, chemotherapy, hormone therapy, radiation therapy, or biological therapy, alone or in combination.

For more data and information about breast cancer from the New Jersey Department of Health and Senior Services: www.state.nj.us/health/cancer

For more information about National Breast Cancer Awareness Month: www.nbcam.org

For more information about National Mammography Day: www.cancer.org

To find clinical trials in New Jersey: www.njctc.org

Sources:

New Jersey Department of Health and Senior Services, Cancer Epidemiology Services:

NJ State Cancer Registry, unpublished 1991- 2000 incidence data

New Jersey Department of Health and Senior Services, <u>Center for Health Statistics</u>: New Jersey 1991-2000 Death Certificate Data Files, unpublished data <u>New Jersey Behavioral Risk Factor Survey</u>, 1991-2002 unpublished data

New Jersey Department of Health and Senior Services, <u>Cancer Resources</u> <u>Comprehensive Cancer Control</u>



